

2. _____ Medically needy, age 65 or older who have been determined to be functionally disabled as specified in Appendix B. In determining the individual's eligibility, the State may, at its option, provide for the determination of the individual's anticipated medical expenses (to be deducted from income). (Check one):
- A. _____ The State does not consider anticipated medical expenses.
- B. _____ The State considers anticipated medical expenses over a period of _____ months (not to exceed 6 months).

STATE	<i>Texas</i>	A
DATE REC'D	SEP 30 1991	
DATE APP'D	DEC 27 1991	
DATE EFF	JUL - 1 1991	
HCFA 179	91-30	

TN NO.:
Supersedes
TN NO.:

91-30
Done - New Page

Approval Date: DEC 27 1991

Effective Date: JUL - 1 1991

APPENDIX A-2 INDIVIDUALS PREVIOUSLY COVERED UNDER A WAIVER

- a. XXX The State used a health insuring organization before January 1, 1986, and had in effect a waiver under §1115 of the Act, which provides personal care services under the State plan for functionally disabled individuals, and which was in effect on December 31, 1990. In accordance with §1929(b)(2)(B) of the Act, individuals who meet the resource and income standard that apply in the State to individuals described in §1902(a)(10)(A)(ii)(V) will be financially eligible to receive home and community care services.
- b. _____ In accordance with §1929(b)(2)(A) the Act, individuals age 65 or older who were served under a waiver granted pursuant to section 1915(c) of the Act on the date on which that waiver was terminated. Financial eligibility standards for these individuals (which are the same as those in effect on the date on which the waiver was terminated) are attached to this Appendix.
- c. _____ In accordance with §1929(b)(2)(A) the Act, individuals who were served under a waiver granted pursuant to section 1915(d) of the Act on the date on which that waiver was terminated. Financial eligibility standards for these individuals (which are the same as those in effect on the date on which the waiver was terminated) are attached to this Appendix.

STATE <u>Texas</u>	A
DATE REC'D <u>SEP 30 1991</u>	
DATE APPV'D <u>DEC 27 1991</u>	
DATE EFF <u>JUL -1 1991</u>	
HCFA 179 <u>91-30</u>	

TN NO.:
Supersedes
TN NO.:

91-30
None-New Page

Approval Date: 12-27-91

Effective Date: JUL -1 1991

APPENDIX B-1 FUNCTIONAL DISABILITY

Home and community care services, as defined in this Supplement, are provided to the following classifications of individuals who have been found on the basis of an assessment to be functionally disabled. Services will be limited to individuals who meet the following targeting criteria.

Check all that apply:

- a. _____ Services are provided to individuals, who have been determined, on the basis of an assessment, to require substantial human assistance with at least two of the following activities of daily living: toileting, transferring, eating.
- b. _____ Services are provided to individuals, who have been determined, on the basis of an assessment, to require substantial human assistance with each of the following activities of daily living: toileting, transferring, eating.
- c. _____ Services are provided to individuals, who have been determined, on the basis of an assessment, to have a primary or secondary diagnosis of Alzheimer's Disease, and are unable to perform without substantial human assistance (including verbal reminding or physical cueing) or supervision, at least 2 of the following 5 activities of daily living: bathing, dressing, toileting, transferring and eating.
- d. _____ Services are provided to individuals, who have been determined, on the basis of an assessment, to have a primary or secondary diagnosis of Alzheimer's Disease, and are unable to perform without substantial human assistance (including verbal reminding or physical cueing) or supervision, (check one):
1. _____ at least 3 of the following activities 5 activities of daily living: bathing, dressing, toileting, transferring and eating.

TN NO.:
Supersedes:
TN NO.:

91-30
New Page
Approval Date: DEC 27 1991

STATE Effective Date: Texas
DATE REC'D SEP 30 1991
DATE APP'VD DEC 27 1991
DATE EFF 91-30
HCFA 179

A

2. _____ at least 4 of the following activities 5 activities of daily living: bathing, dressing, toileting, transferring and eating.
3. _____ each of the following activities 5 activities of daily living: bathing, dressing, toileting, transferring and eating.
- e. XXX The State used a health insuring organization before January 1, 1986, and had in effect a waiver under §1115 of the Act, which provides personal care services under the State plan for functionally disabled individuals, and which was in effect on December 31, 1990. In accordance with §1929(b)(2)-(B) of the Act, services will be provided to individuals who meet the test of functional disability applied under the waiver as of December 31, 1990.

STATE <u>Texas</u>	A
DATE REC'D <u>SEP 30 1991</u>	
DATE APPL'D <u>DEC 27 1991</u>	
DATE EFF <u>JUL -1 1991</u>	
HCFA 179 <u>91-30</u>	

TN NO.: 91-30
Supersedes
TN NO.: Done - D New Page

Approval Date: DEC 27 1991

Effective Date: JUL -1 1991

APPENDIX B-2 AGE

Check all that apply:

- a. _____ Services are provided to individuals age 65 and older.
- b. _____ Services are provided to individuals who have reached at least the following age (specify):

- c. _____ Services are provided to individuals who meet the criteria set forth in item 3.b. of Supplement 2, as set forth in Appendix B-3, who were 65 years of age or older on the date of the waiver's discontinuance.
- d. _____ Services are provided to individuals who meet the criteria set forth in item 3.c. of Supplement 2, as set forth in Appendix B-3, who were served under the waiver on the date of its discontinuance.
- e. _____ Services are provided to individuals who meet the criteria in item 3.d. of Supplement 2, who fall within the following age categories (check all that apply):
1. _____ Age 65 and older
 2. _____ Age greater than 65. Services are limited to those who have attained at least the age of (specify):

 3. _____ Age less than 65. Services will be provided to those in the following age category (specify): _____
 4. XXX The State will impose no age limit.

All individuals under 65 must be disabled as defined under the Supplemental Security Income Program under Title XVI.

TN NO.:
Supersedes
TN NO.:

Approval Date

DEC 27 1991

STATE Effective Date
DATE REC'D SEP 30 1991
DATE APPV'D DEC 27 1991
DATE EFF DEC 27 1991
HCFA 179 91-30

A

APPENDIX B-3 INDIVIDUALS PREVIOUSLY SERVED UNDER WAIVER
AUTHORITY

- a. _____ In accordance with §1929(b)(2)(A) of the Act, the State will discontinue the following home and community-based services waiver(s), approved under the authority of §1915(c) or §1915(d) of the Act. (Specify the waiver numbers)

_____ Last date of waiver operation:

_____ Last date of waiver operation:

_____ Last date of waiver operation:

_____ Last date of waiver operation:

- b. For each waiver specified in Appendix B-3-a, above, the State will furnish at least 30 days notice of service discontinuance to those individuals under 65 years of age, and to those individuals age 65 or older who do not meet the test of functional disability specified in Appendix B-1 (except those individuals who will continue to receive home and community-based services under a different waiver program).
- c. Individuals age 65 years of age or older, who were eligible for benefits under a waiver specified in Appendix B-3-a on the last date of waiver operation, who would, but for income or resources, be eligible for home and community care under the State plan, shall, be deemed functionally disabled elderly individuals for so long as they would have remained eligible for services under the waiver.
- d. The financial eligibility standards which were in effect on the last date of waiver operation are attached to this Appendix.

STATE	<i>Texas</i>	A
DATE REC'D	SEP 30 1991	
DATE APPE'D	DEC 27 1991	
DATE EFF	JUL -1 1991	
HICFA 179	<i>7/1/30</i>	

TN NO.: *91-30*
Supersedes
TN NO.: *91-2 New Page*

Approval Date: *DEC 27 1991*

Effective Date: *JUL -1 1991*

APPENDIX B-3 TO
SUPPLEMENT 2 TO ATTACHMENT 3.1-A
Page 2

- e. The following are the schedules, in effect on the last date of waiver operation, under which individuals served under a waiver identified in Appendix B-3-a were re-evaluated for financial eligibility (specify):

Waiver Number	Re-evaluation schedule
_____	_____
_____	_____
_____	_____
_____	_____

STATE <u>Texas</u>	A
DATE REC'D <u>SEP 30 1991</u>	
DATE APPVD <u>DEC 27 1991</u>	
DATE EFF <u>JUL 1 1991</u>	
HCFA 179 <u>91-30</u>	

TN NO.: 91-30
Supersedes
TN NO.: None-New Page

Approval Date: DEC 27 1991

Effective Date: JUL 1 1991

APPENDIX C - SERVICES

APPENDIX C-1 DEFINITION OF SERVICES

The State requests that the following services, as described and defined herein, be provided as home and community care services to functionally disabled elderly individuals under this program:

- a. _____ Homemaker: services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities. This service does not include medical care of the client. Hands-on care is limited to such activities as assistance with dressing, uncomplicated feeding, and pushing a wheelchair from one room to another. Direct care furnished to the client is incidental to care of the home. These standards are included in Appendix C-2.

Check one:

1. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. _____ The State will impose the following limitations on the provision of this service (specify):
- _____
- _____
- _____

STATE <u>Texas</u>	A
DATE REC'D <u>SEP 30 1991</u>	
DATE APP'D <u>DEC 27 1991</u>	
DATE EFF <u>JUL -1 1991</u>	
HCFA 119 <u>91-30</u>	

TN NO.:
Superseded
TN NO.:

91-30
Done - New Page

Approval Date:

DEC 27 1991

Effective Date:

JUL -1 1991

- b. _____ Home health aide services: services defined in 42 CFR 440.70 with the exception that limitations on the amount, duration and scope of such services shall instead be governed by the limitations imposed below.

Check one:

1. _____ This service is provided to eligible individuals without limitations on the amount or duration of services furnished.
2. _____ The State will impose the following limitations on the provision of this service (specify):

STATE <u>Texas</u>	A
DATE REC'D <u>SEP 30 1991</u>	
DATE APP'D <u>DEC 27 1991</u>	
DATE EFF <u>JUL -1 1991</u>	
HCFA 179 <u>91-30</u>	

TN NO.:
Supersedes
TN NO.:

91-30
Same - New Page

Approval Date: DEC 27 1991

Effective Date: JUL -1 1991

- c. XXX Personal care services: assistance with eating, bathing, dressing, personal hygiene, activities of daily living. This service includes meal preparation, when required by the Individual Community Care Plan (ICCP), but does not include the cost of the meals. When specified in the ICCP, this service also includes such housekeeping chores as making the bed, laundry, cleaning, shopping, or escort services which are appropriate to maintain the health and welfare of the recipient. Providers of personal care services must meet State standards for this service. These standards are included in Appendix C-2.

1. Services provided by family members. Check one:

 Payment will not be made for personal care services furnished by a member of the recipient's family or by a person who is legally or financially responsible for that recipient.

XXX Personal care providers may be members of the recipient's family. Payment will not be made for services furnished to a minor by the recipient's parent (or stepparent), or to a recipient by the recipient's spouse. Payment will not be made for services furnished to a recipient by a person who is legally or financially responsible for that recipient. Check one:

XX Family members who provide personal care services must meet the same standards as other personal care providers who are unrelated to the recipient. These standards are found in Appendix C-2.

STATE <u>Texas</u>	
DATE REC'D <u>SEP 30 1991</u>	
DATE APP'VD <u>DEC 27 1991</u>	A
DATE EFF. <u>JUL 1 1991</u>	
HCFA 179 <u>7/30</u>	

TN NO.:
Supersedes
TN NO.:

7/30
None-New Page

Approval Date DEC 27 1991

Effective Date: JUL -1 1991